

B6F (Official Form 6F) (12/07)

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	J					1,034.20
ACF Enviromental 2831 Cardwell Road Richmond, VA 23234  Meyer, Goergen & Marrs, Attorneys at Law 7130 Glen Forest Drive Suite 305 Richmond, VA 23226		Business April 2008 - June 2008				
ACCOUNT NO. 0700	J					150.00
Augusta Health Care for Women 39 Beam Lane Fishersville, VA 22939		medical services 4/2003 to 10/2003				
ACCOUNT NO. 9570	J					337.00
Augusta Health Care, Inc. P. O. Box 1000 Fishersville, VA 22939-1000  J. L. Walston & Associates 326 South Main Street Emporia, VA 23847-2028		medical service 4/2003 to 11/2007				

9 Continuation sheets attached

Subtotal >	\$ 1,521.20
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0124</b>	<b>J</b>					<b>421.00</b>
<b>Augusta Health Care, Inc.</b> <b>P. O. Box 1000</b> <b>Fishersville, VA 22939-1000</b>		<b>medical service</b> <b>March 03 - October 2008</b>				
<b>J. L. Walston &amp; Associates</b> <b>326 South Main Street</b> <b>Emporia, VA 23847-2028</b>						
ACCOUNT NO. <b>9748</b>	<b>J</b>					<b>500.00</b>
<b>Augusta Health Care, Inc.</b> <b>P. O. Box 1000</b> <b>Fishersville, VA 22939-1000</b>		<b>medical services</b> <b>5/203 to 10/2003</b>				
ACCOUNT NO. <b>1636</b>	<b>J</b>					<b>455.00</b>
<b>Augusta Pediatrics, PC</b> <b>42 Lambert Street</b> <b>Suite 421</b> <b>Staunton, VA 24401</b>		<b>medical services</b> <b>12/2004 to 9/2008</b>				
ACCOUNT NO. <b>8975</b>	<b>J</b>					<b>580.59</b>
<b>Blue Ridge Radiologists, Inc.</b> <b>401 Commerce Road</b> <b>Suite 413</b> <b>Staunton, VA 24401</b>		<b>medical services</b> <b>3/2003 to 10/2008</b>				

Sheet no. 1 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>1,956.59</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8975</b>	<b>J</b>					<b>2,099.03</b>
<b>Blue Ridge Radiologists, Inc.</b> <b>401 Commerce Road</b> <b>Suite 413</b> <b>Staunton, VA 24401</b>		<b>medical services</b> <b>3/2003 to 10/2003</b>				
<b>Alliance One</b> <b>1160 Centre Point Drive</b> <b>Mendota Heights, MN 55120</b>						
ACCOUNT NO. <b>0176</b>	<b>J</b>					<b>1,519.03</b>
<b>Blue Ridge Radiologists, Inc.</b> <b>401 Commerce Road</b> <b>Suite 413</b> <b>Staunton, VA 24401</b>		<b>medical service</b> <b>2/2003 to 10/2003</b>				
<b>Valley Credit Service</b> <b>P. O. Box 83</b> <b>Staunton, VA 24402</b>						
ACCOUNT NO. <b>8342</b>	<b>J</b>					<b>410.73</b>
<b>Community Bank</b> <b>P. O. Box 1209</b> <b>Staunton, VA 24402</b>		<b>checking account overdrafts</b> <b>6/2003 to 10/2008</b>				
ACCOUNT NO. <b>3142</b>	<b>J</b>					<b>7,266.05</b>
<b>Community Bank</b> <b>P. O. Box 1209</b> <b>Staunton, VA 24402</b>		<b>business failed</b> <b>3/2006 to 9/2008</b>				

Sheet no. 2 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>11,294.84</b>
Total >	\$

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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>CL58</b>  <b>Dr. Patrick Dwyer</b> <b>2542 Jefferson Highway</b> <b>Waynesboro, VA 22980</b>	<b>J</b>	<b>medical services</b> <b>June 2006 - October 2008</b>				<b>209.25</b>
ACCOUNT NO. <b>2393</b>  <b>Emergency Medicine Associates, PA, PC</b> <b>20010 Century Blvd Ste 200</b> <b>Germantown, MD 20874</b>	<b>J</b>	<b>09/07/2009</b> <b>medical</b>				<b>20.55</b>
ACCOUNT NO. <b>2721</b>  <b>GE Money Bank</b> <b>Attn: Bankruptcy Department</b> <b>P.O. Box 103104</b> <b>Roswell, GA 30076</b>	<b>J</b>	<b>JC Penny Credit Card</b> <b>6/2003 to 6/2008</b>				<b>1,231.00</b>
ACCOUNT NO. <b>5833</b>  <b>Harrisonburg Anesthesiology</b> <b>P. O. Box 668</b> <b>Harrisonburg, VA 22801</b>	<b>J</b>	<b>medical services</b> <b>2/2003 to 10/2003</b>				<b>188.44</b>

Sheet no. 3 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>1,649.24</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0323</b>  <b>Harrisonburg Anesthesiology</b> <b>P. O. Box 668</b> <b>Harrisonburg, VA 22801</b>  <b>Valley Credit Service</b> <b>P. O. Box 83</b> <b>Staunton, VA 24402</b>	<b>J</b>	<b>medical services</b> <b>2/2003 to 10/2003</b>				<b>181.00</b>
ACCOUNT NO. <b>9488</b>  <b>Harrisonburg OBGYN</b> <b>2291 Evelyn Byrd Avenue</b> <b>Harrisonburg, VA 22801</b>	<b>J</b>	<b>medical service</b> <b>3/2003 to 10/2003</b>				<b>8,570.50</b>
ACCOUNT NO. <b>0034</b>  <b>Harrisonburg OBGYN</b> <b>2291 Evelyn Byrd Avenue</b> <b>Harrisonburg, VA 22801</b>	<b>J</b>	<b>medical services</b> <b>March - October 2003</b>				<b>980.00</b>
ACCOUNT NO. <b>9712</b>  <b>Health Services</b> <b>P.O. Box 281184</b> <b>Atlanta, GA 30384</b>	<b>J</b>	<b>medical services</b> <b>3/2003 to 9/2008</b>				<b>13.52</b>

Sheet no. 4 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>9,745.02</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9707</b>  <b>Lifetime Fitness Center</b> <b>107 Medical Center Circle</b> <b>Fishersville, VA 22939</b>	<b>H</b>	<b>gym membership</b> <b>1/2008 to 9/2008</b>				<b>167.00</b>
ACCOUNT NO. <b>7937</b>  <b>Luck Stone</b> <b>P. O. Box 29682</b> <b>Richmond, VA 23242</b>  <b>Receivable Management Corporation</b> <b>P. O. Box 2471</b> <b>Woburn, MA 01888</b>	<b>J</b>	<b>materials</b> <b>8/2008 to 11/2008</b>				<b>630.21</b>
ACCOUNT NO. <b>0416</b>  <b>Martha Jefferson Hospital</b> <b>Emergency Department</b> <b>459 Locust Avenue</b> <b>Charlottesville, VA 22902</b>	<b>J</b>	<b>medical services</b> <b>4/2003 to 10/2003</b>				<b>122.00</b>

Sheet no. 5 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>919.21</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3425</b>	<b>J</b>					<b>1,397.11</b>
<b>Matria Health Care</b> <b>P. O. Box 20849</b> <b>Rockville, MD 20849</b>		<b>medical service</b> <b>9/2003 to 10/2003</b>				
<b>Matria Health Care</b> <b>1850 Parkway Place</b> <b>Marietta, GA 30067</b>						
<b>Matria Health Care, Inc.</b> <b>P. O. Box 96782</b> <b>Chicago, IL 60693</b>						
ACCOUNT NO. <b>8118</b>	<b>J</b>					<b>116.00</b>
<b>Page Memorial</b> <b>200 Memorial Drive</b> <b>Luray, VA 22835</b>		<b>medical service</b> <b>1/1996 to 3/2003</b>				
<b>RSI Metro</b> <b>2600 South Parker Road</b> <b>Building 4, Suite 340</b> <b>Aurora, CO 80014</b>						
ACCOUNT NO. <b>4346</b>	<b>J</b>					<b>116.00</b>
<b>Page Memorial</b> <b>200 Memorial Drive</b> <b>Luray, VA 22835</b>		<b>medical services</b> <b>10/1999 to 2/2003</b>				
<b>RSI Metro</b> <b>2600 South Parker Road</b> <b>Bldg 4, Suite 340</b> <b>Aurora, CO 80014</b>						

Sheet no. 6 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority ClaimsSubtotal > \$ **1,629.11**

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2445</b>	<b>J</b>					<b>559.00</b>
<b>Page Memorial</b> <b>200 Memorial Drive</b> <b>Luray, VA 22835</b>		<b>medical services</b> <b>11/2000 to 1/2002</b>				
<b>RSI Enterprise, Inc.</b> <b>13900 Lincoln Park Drive #310</b> <b>Herndon, VA 20171</b>						
ACCOUNT NO. <b>6215</b>	<b>J</b>					<b>33.49</b>
<b>Rockingham Memorial Hospital</b> <b>Attn: Business Office</b> <b>235 Cantrell Avenue</b> <b>Harrisonburg, VA 22801</b>		<b>medical services</b> <b>/2003 to 10/2003</b>				
ACCOUNT NO. <b>8331</b>	<b>J</b>					<b>427.65</b>
<b>Rockingham Memorial Hospital</b> <b>Attn: Business Office</b> <b>235 Cantrell Avenue</b> <b>Harrisonburg, VA 22801</b>		<b>medical services</b> <b>3/2003 to 10/2003</b>				
ACCOUNT NO. <b>0039</b>	<b>J</b>					<b>427.00</b>
<b>Rockingham Memorial Hospital</b> <b>Attn: Business Office</b> <b>235 Cantrell Avenue</b> <b>Harrisonburg, VA 22801</b>		<b>medical services</b> <b>2/2003 to 10/2003</b>				
<b>Valley Credit Service</b> <b>P. O. Box 83</b> <b>Staunton, VA 24402</b>						

Sheet no. 7 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>1,447.14</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
DebtorsCase No. 08-51006  
(If known)**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0802</b>  <b>Telecheck Services, Inc.</b> <b>Bankruptcy Telecheck</b> <b>P. O. Box 4451</b> <b>Houston, TX 77210</b>  <b>Friedman &amp; Wexler, LLC</b> <b>500 West Madison Street</b> <b>Suite 2910</b> <b>Chicago, IL 60661-2587</b>	<b>J</b>	<b>04/01/2008</b>  <b>payment bounced</b>				<b>365.20</b>
ACCOUNT NO. <b>4345</b>  <b>University Medical Center</b> <b>P. O. Box 530272</b> <b>Atlanta, GA 30353</b>	<b>J</b>	<b>medical services</b> <b>3/2003 to 10/2003</b>				<b>54.00</b>
ACCOUNT NO. <b>2832xxxx</b>  <b>UVA Health Services Foundation</b> <b>500 Ray C. Hunt Drive</b> <b>Charlottesville, VA 22903-2981</b>	<b>J</b>	<b>medical service</b> <b>4/2003 to 11/2006</b>				<b>689.00</b>
ACCOUNT NO. <b>1755</b>  <b>UVA Health Services Foundation</b> <b>500 Ray C. Hunt Drive</b> <b>Charlottesville, VA 22903-2981</b>	<b>J</b>	<b>medical services</b> <b>10/2003 to 10/2008</b>				<b>1,181.52</b>

Sheet no. 8 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,289.72</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
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B6F (Official Form 6F) (12/07) - Cont.

In re Clifton Curtis Clements Christine Marie Clements  
Debtors

Case No. 08-51006  
(If known)

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3206</b>	<b>J</b>	medical services July 2008				<b>13.56</b>
VA Department of Health 211 W. 12th Street Waynesboro, VA 22980						

Sheet no. 9 of 9 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>13.56</b>
Total >	\$ <b>32,465.63</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
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B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Clifton Curtis Clements Christine Marie Clements  
Debtors

Case No. 08-51006  
(If known)

**AMENDED - DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 6/8/2010

Signature: /s/ Clifton Curtis Clements  
**Clifton Curtis Clements**  
Debtor

Date: 6/8/2010

Signature: /s/ Christine Marie Clements  
**Christine Marie Clements**  
(Joint Debtor, if any)

[If joint case, both spouses must sign]

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

(NOT APPLICABLE)